



EXHIBITOR REPORT FORM

RETURN COMPLETED FORM TO THE ONTARIO EQUESTRIAN OFFICE

Name Of Competition: _____

Date: _____

How Many Horses Exhibited: _____

What Class(es): _____

	YES	NO	COMMENTS:
Facilities adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food service & washrooms adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ring: Safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Set for level of comp/horse/rider/class?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plastic cups and pins used for jumps?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warm-up area adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Judging - good?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medic/designated First Aid personnel on site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vet & Farrier available?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary efficient?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you place?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication system adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competition run on time?	<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL COMMENTS:

Name (please print): _____

OF #: _____

Signature: _____

Date: _____